21503 59675			State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2										2		
2	Total Number of Vehicles		District CO Case DE 002550							_	YES	ॐ		? L 1	
A/1 10 A/2	7.00.22	/09/2015	S M T W TH F S TIME OF ACCIDENT POLICE 1800							STATE USE ONLY Amended					
В	OF ACCIDENT	Lineste						NOTIFIED	PRIVATE	YES NO	09/17	7/20°	15		
80	ROAD ON WE								ONE WAY YES NO			LATITUDE			
c 8	ACCIDENT OCCURRED HIGHWAY NO. IT ST							HIGHWA	STREET	~ X		LONGITUDE			
D	MILEPOST								-						
1	NAME OF INTERSECTING ROADWAY					.00	MILES N	S E						3	
V1/M 20 V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W AND NILES OF NEAREST CITY OR TOWN														
01 E 1	R. WORK ZONE CODES S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b STATE DEPT. OF ROADS' PROPERTY? CLASSIFICATION CODES S. PEDESTRIAN S1 S2 S3 S4 S5-a S5-b S6-a S6-b STATE DEPT. OF ROADS' PROPERTY?														
F			1	L	VE	HICLE N	NO. 1								
9 V1/N	DRIVER LICENSE	NO. H13422	2766					PHONE	FF074	(Of License	NE LOCAL N		EX X	> FEMALE > MALE	: -
5	ELIZABETH N MERRICK DRIVER ADDRESS CITY, STATE, ZIP DATE OF A 1/20/100							04		V1/1					
V2/N 5	700 N26th, LINCOLN, NE 68503 MM / DD							BIRTH (MM / DD / YY	O4/09/1991 LOCAL NO.				18		
G	ELIZABETH MERRICK OWNER ADDRESS CITY, STATE, ZIP CITATION YES CITATION								NO.			V1/2			
2		700 N26th, Lincoln, NE 68503 PENDING						DING 🖔 NO		STA	тс		V1/3		
н 2	PLATE PA	NO. TVW788	MAKE	MC	DDEL	IB	ODY STYLE		YEAR Plate Expires COLOR	2016	ESTIMATED	(Of P	late)	NE	V1/4
V1/O	VEHICLE	VEHICLE 2002 Saturn L30					4 door		Sedan maroon / burgu totaled \$						_
5 V2/O	VEHICLE ID NO. (VIIN) 1G8JW54R52Y556733 GAR						RRISON PROP & CAS INS CO					V1/5 18			
5	01248269807101									V1/6 35					
7	DRIVER	No			VE	HICLE N	NO. 2			STATE	.	SI	EX X	FEMALE	_
V1/P	DRIVER						PHONE	(Of License) = 25251036			LOCAL NO.				
8 V2/P	DRIVER ADDRESS CITY, STATE, ZIP						231030	DATE OF	11/2	E/10	70		V2/1 18		
1	152 N32nd St., Lincoln, NE 68503 OWNER LINCOLN MEDICAL EQUIPMENT INC						PHONE	BIRTH (MM / DD / YYYY)			11/25/1979 LOCAL NO.				
12							S CITATION	CITATION NO.							
V1/Q	LICENSE TE	NO. TJN915							YEAR Plate Expires	2016		STA (Of P	late)	NE	V2/4
4 V2/Q	VEHICLE	2012	Dodge		RMG	I	Pickup		color whit	e	ESTIMATED TOTALI		E .		V2/5
5	VEHICLE ID NO. (VIN) 2	C4JDGAG6CR359828							INSURANCE COMPANY Self Insured					18	
к 03	OWED TO TOWED BY POLICY NO.											V2/6 35			
	Cor	nplete this se	ection for	r all inju	red pers	sons				E OF BIRTH	1 Seat Position	2 Eject	Body Region	Injury Sev. Tr	5 SEX M F
VEH. #								11/25/1	01	1	03	4 1	. _		
2	LOCAL NO. MEDICAL FACILITY NAME Saint Elizabeth Regional Medical Center EMS SERVICE NAME							EMS RUN REPORT NO.					l		
VEH. #	NAME		AD	DRESS		1									
	LOCAL NO.	MEDICAL FACILITY	NAME			EMS SERV	VICE NAME				EMS RU	JN REP	ORT NO.		
VEH. #	NAME		AD	DRESS								Π			
	LOCAL NO. MEDICAL FACILITY NAME EI					EMS SER	VICE NAME				EMS RU	JN REP	ORT NO.		

	THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS													
	$\overline{}$			THE FOLLOWING		N IS REQUIRED BY DIAGRAM WHAT	1	AGENCY CASE NO.						
()	·		INDICATE	DI DIAGRAM WHAT	B	5-083558						
	dica North	1												
			·	POI: 33ft E of E curb of 27th. 5ft S of N curb of R St. Width of R St. 32ft.										
				Width of 27th St. 70 ft. Skid marks are unknown. (All measurements are approximate)										
						1 1	N							
							R St.							
			·	.	•	M ₂				•				
			·	N27th			POIL	·		•				
			·	·										
			·	. '				·		•				
			·			BASED ON OFFICER	Not To Scale							
	is wa		outou roport ii	nade at the hospital and the	veniones were nev	or observed by Ores.								
OBJECT DAMAGED OWNER NAME				OWNER NAME	ADDRESS		PHONE		APPROX. COST OF DAMAGE:					
PROPE	OBJECT DAMAGED OWI			OWNER NAME	ADDRESS		PHONE	1	APPROX. COST OF DAMAGE PHONE					
OBJECT DAMAGED OWNE NAME NAME					ADDRESS		PHONE							
≷	VEH	IICLE	MOVEMENT	DOINT OF IMP	ACT AND	AIRBAG DEPLOYE	D RESTRAINT USE	TOTAL	VEII VEII					
BEFORE COLLISION			COLLISION	POINT OF IMP MOST DAMAG (Enter numbers for	ED AREA	VEHICLE 1	VEHICLE 1	OCCUPA	NTS 1 1 2	1 3				
VEH NO.	N S	X	R st	VEHICLE 1	VEHICLE 2	- 4	2	ALCOHOL TESTING ALCOHOL LEVEL	3 No. 1 No. 2	Pedes- trian				
2	Ш	X	R St	IMPACT UI	POINT OF MARKET 05	1 Deployed - front2 Deployed - side	1 None used - vehicle occup 2 Lap & shoulder belt used	oant TESTED		N				
2	01 11		06 Turning left 07 Making U-tu 08 Entering		MOST DAMAGED AREA 05	Deployed - sideDeployed - both front/sideNot deployedNot applicable/	5 Child safety seat used 6 Child booster seat used		DHOL/ No. 1	Driver No. 2				
2 11 08 Entering traffic lane 01 Essentially straight ahead 09 Leaving traffic lane 02 Backing 10 Parked 03 Changing lanes 11 Slowing or stopped in traffic Passing 12 Other 05 Turning right 13 Unknown		traffic lane 09 Leaving traffic lane 10 Parked s 11 Slowing or stopped in to 12 Other	00 None 02 09 Top & windows — 10 Undercarriage 01 — 11 Total (all areas) 12 Other 08	03 04 05 05 07 06	No airbag available 6 Unknown VEHICLE 2 4 4 4 4	7 DOT approved helmet use 8 Costume helmet used 9 Restraint use unknown VEHICLE 2	SUSPI 1 Neither 2 Yes - a 3 Yes - d	alcohol nor drugs suspected ohol suspected gs suspected ohol & drugs suspected						
OFFICER NO. 1642 TROOP/ TEAM/ BEAT SE				BEAT SE		oln Police Departi	ment		Photographs aken?	YES NO				
INVESTIGATOR NAME (Print or Type) Jacob Wilkinson					Approved by	TURE Officer Jacob W	DATE OF							